

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33750

State File No.

DECEASED 11 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2586

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ladue		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ladue 4431?	
d. FULL NAME OF HOSPITAL OR INSTITUTION 60 Loren Woods		d. STREET ADDRESS (If rural, give location) 60 Loren Woods	

3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) George c. (Last) Fink		4. DATE OF DEATH (Month) (Day) (Year) October 6, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH March 20, 1911
9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jeweler	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Leo G. Fink, Sr.		13b. MOTHER'S MAIDEN NAME Hattie A. Tetrick		14. NAME OF HUSBAND OR WIFE Joyce C. Fink	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) yes		16. SOCIAL SECURITY NO. 490-01-4851		17. INFORMANT'S SIGNATURE OR NAME Joyce C. Fink	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Art. Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis of Coronary art. DUE TO (c) 4201 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous Coronary art. occlusion 5/28/51.		INTERVAL BETWEEN ONSET AND DEATH few mins.	
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19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None	

22. I hereby certify that I attended the deceased from 5-28, 1951, to 10-6, 1952, that I last saw the deceased alive on 10-4, 1952, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE John J. Hammond M.D.		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 10-7-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) entombment		24b. DATE 10-8-52		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons		ADDRESS 7233 Delmar Blvd.	

AUG 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Melvin J. Kemper

Licensed Embalmer No. 405-2

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.